

FILED FEB 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 3768
Registrar's No. 30

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 30	
1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>AUDRAIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO MO</u>		c. LENGTH OF STAY (In this place) <u>1 Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PUSH-HILL MO</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AUDRAIN COUNTY HOSPITAL</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PATRICK</u>		b. (Middle) <u>EMMETT</u>		c. (Last) <u>DEVANEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 7 1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>MARCH 5 1884</u>	
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>AUDRAIN CO MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>PATRICK DEVANEY</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Gallagher</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jane H. Devaney</u> ADDRESS <u>Push Hill Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic degenerative myocarditis with acute cardiac failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiac vascular disease</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> <u>443X</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>7</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 7 1949</u> , to <u>Jan 7 1950</u> , that I last saw the deceased alive on <u>Feb 7</u> , 1950, and that death occurred at <u>10 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harry J. O'Brien M.D.</u>		23b. ADDRESS <u>Mexico, Missouri</u>		23c. DATE SIGNED <u>2-7-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-9-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CATHOLIC</u>			
24d. LOCATION (City, town, or county) (State) <u>MEXICO MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Arnold Jr.</u>		ADDRESS <u>Mexico Mo</u>			
DATE REC'D BY LOCAL REG. <u>Feb 8-1950</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Arnold Jr.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 20 1950

RECEIVED FEB 13 1950
District Health Officer N
District File Number 2-570
Date Filed FEB 13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed Charles V. Greening

Licensed Embalmer No. 4625

P. O. Address Mexico Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.